STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G103	A. BUILDING _____ B. WING _____	11/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY PLACE	1050 HOGAN STREET FAYETTEVILLE, NC 28301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The finding is: During morning medication administration on 11/28/23, Staff A punched all the medications for client #4. Further observations revealed Staff A did not give client #4 the opportunity to participate in her own medication administration. During afternoon medications administration on 11/27/23, client #4 punched out her medication with hand over hand assistance from staff. During an interview on 11/28/23, Staff A stated she punched all the medications for client #4 because she is unable to see. During an interview on 11/28/23, the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 can punch out her medications	W 249	POC attached DHSR - Mental Health DEC 11 2023 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Brad Secrest BSQP 12.6.23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

My Place Survey 11.28.2023 POC

W249

Interdisciplinary team to meet and add a formal objective for client #4's plan to punch her medications with assistance. QP to inservice staff. Team to monitor client #4's progress with this formal objective by reviewing the objective's documentation and monitoring medication administrations once per week. This correction is to be complete by 1.27.24.

W340 (A, B, and C)

Facility's RN to train staff on the documentation of signing the MAR when a medication is not given, signing the MAR correctly for the date medications are administered, and how to document a medication error if a medication is not signed for on the MAR. Team to monitor the MAR for correct signatures/initials and medication administrations once per week. This correction is to be complete by 1.27.24.

W382

Facility RN to train staff and QIDP on the storage of medications when not in use. Team to monitor through observations of the home. This correction is to be complete by 1.27.24.

W440

QP to inservice staff to review the Emergency Procedures to include completing fire drills quarterly on each shift. QP and Home Manager to monitor documentation monthly to ensure they are completed quarterly. This correction is to be complete by 1.27.24.